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**Vermont Advisory Board for Children and Youth
With Special Mental Health Needs**

**October 6, 2006
Weeks, Waterbury Complex
9:00-3:00**

Present: Guy Wood, Ted Tighe, Jo-Anne Unruh, Kreig Pinkham, Julie Welkowitz
Absent: Carla Brisson, Jeff McKee
Guests: Alice Maynard

Time	Group	Location
9:00 – 9:50	State Interagency Team	AHS Secretary's conference room

Guests: Charlie Biss, Melissa Bailey, Monica Hutt, Deb Quackenbush, Kathy Holsopple, Sherry Schoenberg

Questions posed:

1. Acknowledging the complexity of the 2006 recommendations, please update progress.
2. Please provide update on evaluation of expanded role of Act 264, especially areas of concerns and progress made.
3. What is SIT's interface with the New Agency Team? How are the issues before these two groups the same or different?
4. What concerns/questions are being brought from LIT to SIT (new issues, different types of issues and examples)?
5. What outcomes are improving for children and families? For the system of care?
6. What problems do you see in the future in your respective divisions that may impact the interagency system of care?
7. What opportunities should be focused on at this time?
8. How would you like to see this Board's role develop in the expansion? How can we help?

Points made:

1. Acknowledging the complexity of the 2006 recommendations, please update progress.
 - Work to develop regional plans for hospital diversion:
 - Need options from crisis respite to 1-3 hospital diversion beds
 - Children's Directors are beginning to work on a plan to present to the legislature
 - SIT and the Federation of Families see the need for training events this year on wraparound approaches to intensive needs youth; because of on-going issues with high rates of staff turn-over, need commitment to the wraparound process that is reinforced with on-going training resources
 - Children's Directors are committed to community based care and want to assure that limited resources are not consumed by restrictive, costly, and usually out of community residential and hospital placements
 - Transportation will likely be a hot issue in January. In children's mental health, there are approximately 40 involuntary admissions to a hospital per year. Last year 15 of the 42 situations were able to use alternative transportation. This year there have been 40 and half have used alternative transportation. DAs have been good at problem solving; it is typically older adolescents who are unknown to the DA that tend to use sheriffs (and shackles) for transport. In DCF, all moves are still done by sheriff.

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- H.618 will address youth transitioning to adult life. DCF estimates about 100 year per year age out of custody and foster care. AHS Secretary Cynthia LaWare wants to broaden the focus of work to a comprehensive approach. A larger committee will form in January 2007; in 2008 we will pursue a federal grant. The State Team is working on youth transitioning to adult life this year as its major initiative. Vermont has approximately 64,000 youth aged 18-24; it is clear that we are not offering services that are needed.
 - Trauma work is moving forward with Sherry Burnette; she will update her work at the November meeting.
2. Update on evaluation of expanded role of Act 264, especially areas of concerns and progress made.
 - Will be a quarterly newsletter
 - *The User's Guide* is being updated
 - Trainings are offered for LITs by Sherry Schoenberg and Jo-Anne Unruh
 3. What is SIT's interface with the New Agency Team? How are the issues before these two groups the same or different?
 - The New Agency Team (NAT) is now working with system issues; SIT will assure that children's issues go through SIT first.
 - DOE does not have regular representation on NAT; Deputy Commissioner Elaine Pinckney had committed to attending before she left her position. Deb Quackenbush has recommended that the Director of Special Education fill in at least until there is a new Deputy Commissioner; this position is recommended due to the Interagency Agreement connection to Special Education.
 4. What concerns/questions are being brought from LIT to SIT (new issues, different types of issues and examples)?
 - DOE trained 460+ people in September; there will be more in October.
 - Building a Coordinated Service Plan (CSP) into the pre-adoption protocol.
 5. What outcomes are improving for children and families? For the system of care?
 - SIT does not have outcomes for youth at this time. However, will focus on outcomes in the evaluation being planned.
 - Looking into why there are small referral numbers to SIT and to some LITs.

Time	Group	Location
10:00 – 12:00	Local Interagency Teams	Stanley, Room 100

Guests: Pam McCarthy, Michael Curtis, Don Mandelkorn, Jim MacDonald, Dave Yacavone, Lynn Boyle, Robin Yandell, Jane Elmstetter, Will Shakespeare, Liz Barker, Ellen Hosford, Belinda Bessette, Steve Kinney, Clayton Wood, Monica Hutt, Deb Quackenbush, Melissa Bailey

Board's questions.

1. Do you see any evidence locally that the system of care is evolving? If so, list examples.
2. What major issues regarding children and families do you see coming to your LIT and its service providers?
3. What are the greatest concerns in your region?
4. What opportunities do you see developing in your area?

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5. Have you seen improvements in mental health staff salaries?
6. How many cases/issues did your LIT review in the last fiscal year?
7. What would you like to see in the Board's 2007 recommendations for the interagency system of care?
8. Any other issues you would like to raise for discussion?

LITs submitted written responses to the questions. [See attached.] Discussion focused on questions 3, 4, and 7.

- Hartford LIT said greatest frustration comes when they are told to do more with community resources. When they send a case situation forward, they feel they have tried several times to do their best. They do not know what it means to "do more."
- What do transition aged youth need that we are not providing or not providing easily and equitably?
 - Case management: Once youth age out of children's mental health, no way to purchase this type of anchor unless eligible for adult mental health's CRT program which is inappropriate for the vast majority of youth
 - Funding for housing: Most can't afford the limited housing available.
 - Supervised living: Need supervision to keep from being evicted from housing. Noted that WCMH purchased a building and has run such a program for 10 years. The CRT Community Response Team also helps young moms to navigate our extremely complex systems.
 - New Hampshire has state-owned dormitories for youth with high needs/high risk which focus on developing job skills and mental health treatment; the piecemeal approach in Vermont invites constant breakdowns in service provision and a youth's sense of stability
- Any improvements apparent in mental health staff salaries:
 - Continue to see major discrepancies between mental health salaries and DCF and education salaries; likely to remain a problem as long as we stay with fee for service use of Medicaid
 - Concern voiced about a cap on Medicaid available for mental health (including Success Beyond Six) under Global Commitment.
- Possible recommendations:
 - Continuity of staff, especially mental health
 - Need more funding for training
 - Some services have been level funded for years (e.g., IFBS for 6-10 years) while costs have risen dramatically. The system may be getting to the point of dropping such services.
 - Need to say clearly that transition needs more attention to issues and funding: case management, housing, employment, and insurance
 - DS will need more funding for increased caseload
 - Need to take next steps for youth with autism
 - Increase early education coordination of services
 - How do we get the system to foster greater family involvement before it is necessary to apply legal pressure (e.g., DCF custody) or until the family is convinced they want a residential placement? Some families do not surface to the public mental health system until they are far down the road.
 - Need more post-adoption services.

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- AHS re-organization left funding in silos
 - In 2003, AHS spent \$50 million on 32,000 people; 42% of Vermonters received some funding or state funded service; Field Service Directors have control over \$7,500 in their District.
 - What if we took the “silo” funds in CUPS, FITP, and _____ and gave it as a grant to a community with specific deliverables? If a region could save even 5%, would give it significant “new” funding.
 - If a community takes a high needs/high cost child back into the community, the community should be able to get a % of the funds saved to be used as a flexible, neutral pot of money.
 - There need to be financial incentives.
 - Should High Risk Pool funds remain under central state control or be given to the 12 districts?

Time	Group	Location
1:00 – 2:30	Non-profit Organizations	Stanley, Room 100

Guests: *Kathy Holsopple (Vermont Federation of Families for Children’s Mental Health), Ken Liberto (Vermont Association for Mental Health), Kreig Pinkham (Vermont Runaway and Homeless Youth Coalition), Sheila Reed (Vermont Children’s Forum), Connie Curtin (Vermont Parent Information Center), Linda Johnson (Prevent Child Abuse – Vermont), Holly Betit*

Discussion, including Board’s questions

1. Do you see any evidence that the system of care is evolving in a positive way? If so, list examples.
2. What major issues regarding children and families do you see coming to your organization?
3. What opportunities do you see to further develop the system of care?
4. Do you perceive any major potential threats to the interagency system of care’s ability to continue to improve its support to families?
5. What would you like to see in the Board’s 2007 priority recommendations for the interagency system of care?
6. Any other issues you would like to raise for discussion?

Ken:

Believes this Board should increase its interactions with advocacy groups. Last year VAMH convened and *ad hoc* advocacy group; it will do so again this year. He invites members of this Board to participate in formulating recommendations and strategies and then invites the Board to weigh in on the issues as a Board.

Kreig:

- The Runaway and Homeless Youth Coalition has been carrying the load for many youth who are transitioning to adult life. Vermont needs a broader and more integrated approach to this population. There needs to be more training for staff who work with young people in how to work with this population. Also, Vermont is wasting an opportunity to blend public and private resources (knowledge, skills, services, and funding).
- Since reorganization, there remains profound confusion in the central AHS office about funding; this needs to be rectified. Some small non-profit agencies have had to take out lines of credit because they still haven’t received payment for services rendered since the beginning of FY07.

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Kathy:

Issues that surface in the Federation's work:

- lack of timely evaluations in schools
- lack of respite
- depression in children and parents; suicide ideation
- families need more information about available mental health services
- need more parenting classes
- anxiety in children
- bullying

Sheila: Reported

- the Vermont Children's Forum will change its name to Voice for Vermont's Children.
- TANF will be re-designed; Vermont will lose \$4 million if this is not done.
- the Ribicoff Medicaid program for 18-21 years olds is available in Vermont, but we have not been using it. Youth in custody have been mis-coded; they were going into VHAP and thereby losing many services (e.g., mental health case management).

Linda: Reported

- sexual abuse is the most common type of child abuse in Vermont, about 400 victims per year.
- half of child sexual abuse is perpetrated by children under 20 years old; half of that is by middle school age children.
- many child sexual offenders remain unadjudicated.
- only 10% of the youth identified as sexual offenders are in treatment.
- need to reduce staff turnover in mental health centers.
- need to simplify in-take procedures in mental health; they can be overwhelming if the client is not highly literate.

Possible recommendations:

- This Board needs to increase its focus on the legislature. Specifically, increase its felt presence and conversations about children's mental health; do not leave the field to the subject of the Vermont State Hospital and the Futures Project.
- Ask the three Commissioners to agree that, if they propose a cut in funding that would affect the other two departments, s/he would bring the proposal to this Board first.
- Let child advocacy programs know about this Advisory Board's recommendations so the advocacy groups can back up the recommendations with action.
- Increase the children's mental health budget. Threats that it will unravel because of its dependence on Medicaid and the caps under Global Commitment. The mental health budget is at a major disadvantage because there is no mental health commissioner to advocate for the system under Global Commitment. Bring in the 3 Commissioners and the AHS Secretary to discuss any potential cuts to Medicaid funded services.
- Need to invest in a trained workforce. DOE has training staff; DCF has some. In mental health an already underpaid worker has to take time off and pay for training due to the constraints of fee for service Medicaid funding. Supervision and coaching are also required to have a competent workforce; those activities are also not billable.
- Need on-going capacity to evaluate expanded Act 264 and its related systems. It is good to have a .35 FTE for 1-2 years, but need beyond that.

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Time	Group	Location
2:30 – 3:00	Board	Stanley, Room 100

- A. Approve minutes from September 8 meeting; Tabled until November meeting.
- B. Discuss major themes from September and October meetings. Begin to formulate possible recommendations.
 - Transition age youth
 - Trauma
 - Autism
 - LIT support person
 - Mental health staff salaries and staff turnover
 - Increased funding for developmental services
 - Evaluation capacity for the interagency system of care
 - Flexible funding
- C. Next meeting:
 - Guy will speak to Monica Hutt about possible input from 3 LITs that did not submit responses: Newport, St. Johnsbury, and Rutland
 - Julie will set up 45 minutes with Sherry Burnette re trauma
 - finalize recommendations; begin content and format presentation
 - Alice to pull out recommendations from 3 previous years